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indicated unless correct maintenance fee notific	ted below or directed oth	ng the Patent, advance of herwise in Block I, by (a	a) specifying a new co	rrespondence address	; and/or	(b) indicating a sepa	rate FEE ADDRESS TO
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P.O. Box 3000						(Depositor's name)	
HADDONFIELD, NJ 08033				Jennile	196	Davia	(Signature)
				April 19, 201	1	0	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	TOR	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/764,237	64,237 01/23/2004		Bruce A. Rogers		ROG030.10005 8491		8491
TITLE OF INVENTION	N: ADJUSTABLE HAIR	HOLDING DEVICE					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	JE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0		\$1055	04/25/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS				
DOAN, ROBYN KIEU		3776	132-277000				
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53). Change of correspondence address (or Clange of Correspondence Address for Clange of Correspondence Address form PTO/SB/122) attached. Tee Address' Indication (or "Fee Address" Indication form PTO/SB/12 or more recent) attached. Use of a Customer Number's required.			2. For printing on the patient front page, list (1) the name of up to 7 registered patient automoty or agenta OR, alternatively, or 20 the mans or a stage of my other cannec of up to 2 registered pasters automoty or agents. If no name is stand, to name will be printed.				
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a. Applicant clair	atus (from status indicate	as, See 37 CFR 1.27.	☐ b. Applicant is no	longer claiming SM/	ALL ENT	TTY status. See 37 C	FR 1.27(g)(2).
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